



## Interim Lobbying Registration Lobbying Firm Registration Form Instructions

### LOBBYING FIRM REGISTRATION GUIDE

Use this guide to complete the Lobbying Firm Registration Form.

What to Include on the Lobbying Firm Registration Form	How to Complete the Lobbying Firm Registration Form
<b>01 Today's Date</b>	Please note that the field <b>Today's Date</b> is the date on which you are completing the form.
<b>02 Lobbying Firm Information</b> Name of the Lobbying Firm Business Name (if different from above) Nature of Business Permanent Address Daytime Telephone Number Email Address	Include the name, business name (if different), nature of business, permanent business address, daytime phone number, and email address of the lobbying firm.  For nature of business, please select a category from the table included in the form. The nature of business category should be the one that most accurately describes the nature of the lobbying firm's business or its primary business interest.
<b>03 Date Lobbying Commenced</b>	Enter the date when lobbying has both begun and all thresholds met and exemptions removed.
<b>04 Individual Affirming Contents of Registration Form</b> Name Phone Number Email Address	Include the name, daytime telephone number, and email address of the named officer or individual authorized to sign on behalf of the lobbying firm and who will affirm the contents of the Registration Form.
<b>05 Affiliated Political Action Committees</b> Committee Name Acronym Department of State Registration Number	Enter the committee name, acronym, and Pennsylvania Department of State registration number of any affiliated political action committees.
<b>06 Lobbyists</b> Name of Lobbyist Permanent Business Address Phone Number Email Address	Include the name, permanent business address, daytime telephone number, and email address of each individual who will for economic consideration engage in lobbying on behalf of the lobbying firm.  Please use the Continuation Sheet on page 6 of the Registration Form to add additional lobbyists.
<b>07 Principals</b> Name of Principal Permanent Business Address Phone Number Email Address	Include the name, permanent business address, daytime telephone number, and email address of each principal you represent.  Please use the Continuation Sheet on page 7 of the Registration Form to add additional principals.
<b>08 Affirmation by Individual Affirming Contents of Registration Form</b>	Read the affirmation statement and sign and date the form.

## HOW TO FILE YOUR REGISTRATION

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A lobbying firm must register by completing and filing the Lobbying Firm Registration Form with the Philadelphia Board of Ethics and paying the registration fee. See [Where to File Your Registration](#) for information on where to submit a registration form and annual registration fee. Please make a copy of your registration form for your records.

## ANNUAL REGISTRATION FEE

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Each lobbying firm who is required to register must pay an annual registration fee of \$100 by check made payable to the “City of Philadelphia.” See [Where to File Your Registration](#) for more information on how to submit annual registration fees.

## WHERE TO FILE YOUR REGISTRATION

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Each lobbying firm must file the original completed and signed registration form with the Philadelphia Board of Ethics.

Complete the Payment Voucher sheet at the end of the registration form. Mail your completed registration form, Payment Voucher and check to:

City of Philadelphia Board of Ethics  
Attention: PLIS Administration  
One Parkway Building  
1515 Arch Street, 18<sup>th</sup> Floor  
Philadelphia, PA 19102-1504

Please do not email or fax Registration Forms.

## QUESTIONS

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Board of Ethics staff is available to help with your questions. Use the “Ask for Advice” feature in the left-hand column of the Board’s website at [www.phila.gov/ethicsboard](http://www.phila.gov/ethicsboard), to email your question to Board staff. You may also call the Board at 215-686-9450 for assistance.



## Interim Lobbying Registration **LOBBYING FIRM REGISTRATION FORM**

(Please Type or Print in Ink)	
<input type="checkbox"/> <b>Check Box if <span style="color: red;">AMENDMENT</span></b>	
<b>01</b> Today's Date (month/day/year)	PLIS Number (Office Use Only)
<b>02 LOBBYING FIRM INFORMATION</b>	
Name	
Business Name (if different from above)	
Nature of Business (Please select a Nature of Business Category from the list below that most accurately describes the nature of your business or primary business interest).	

Nature of Business Categories		
<ul style="list-style-type: none"> <li>▪ Accounting</li> <li>▪ Agriculture</li> <li>▪ Architecture</li> <li>▪ Arts &amp; Entertainment</li> <li>▪ Banking/Finance</li> <li>▪ Beverages</li> <li>▪ Biotechnology</li> <li>▪ Commerce</li> <li>▪ Construction</li> <li>▪ Education</li> <li>▪ Energy</li> <li>▪ Engineering</li> <li>▪ Environment</li> <li>▪ Finance</li> <li>▪ Firearms/Guns</li> <li>▪ Food Processing/Sales</li> <li>▪ Government</li> <li>▪ Government, Budget</li> </ul>	<ul style="list-style-type: none"> <li>▪ Health Care/Medical/Hospitals</li> <li>▪ Higher Education</li> <li>▪ Historic Preservation</li> <li>▪ Hospitality/Restaurant</li> <li>▪ Housing</li> <li>▪ Human Services</li> <li>▪ Industry/Manufacturing</li> <li>▪ Information Technology</li> <li>▪ Insurance</li> <li>▪ Labor</li> <li>▪ Legal</li> <li>▪ Marketing/Sales</li> <li>▪ Media</li> <li>▪ Mental Health</li> <li>▪ Motor Vehicles</li> <li>▪ Museums</li> <li>▪ Parking</li> <li>▪ Parks/Recreation</li> </ul>	<ul style="list-style-type: none"> <li>▪ Pharmaceuticals</li> <li>▪ Public Interest</li> <li>▪ Public Relations/Advertising</li> <li>▪ Public Safety</li> <li>▪ Real Estate</li> <li>▪ Religious</li> <li>▪ Retail Sales</li> <li>▪ Technology</li> <li>▪ Telecommunications</li> <li>▪ Tobacco</li> <li>▪ Tourism/Travel</li> <li>▪ Trade or Professional Assoc.</li> <li>▪ Transportation</li> <li>▪ Utilities</li> <li>▪ Wagering/Gaming</li> <li>▪ Waste Management</li> <li>▪ Zoning</li> <li>▪ Other (please describe)</li> </ul>

Permanent Business Address		City
State	Zip Code	
Email Address	Phone Number	
<b>03 DATE LOBBYING COMMENCED</b> (month/day/year)		
<b>04 INDIVIDUAL AFFIRMING CONTENTS OF REGISTRATION FORM</b>		
First Name	Last Name	
Phone Number	Fax Number	
Email Address		
<b>05 AFFILIATED POLITICAL ACTION COMMITTEES</b>		
Committee Name	Acronym	Department of State Registration Number

**06 LOBBYISTS**

Name

Permanent Business Address

City

State

Zip Code

Phone Number

Email Address

Name

Permanent Business Address

City

State

Zip Code

Phone Number

Email Address

Name

Permanent Business Address

City

State

Zip Code

Phone Number

Email Address

(Please use the **Continuation Sheet** on page 6 to add additional Lobbyists)

**07 PRINCIPALS**

Name

Permanent Business Address

City

State

Zip Code

Phone Number

Email Address

Name

Permanent Business Address

City

State

Zip Code

Phone Number

Email Address

Name

Permanent Business Address

City

State

Zip Code

Phone Number

Email Address

(Please use the **Continuation Sheet** on page 7 to add additional Principals)

**08 AFFIRMATION**

By affixing my signature to this registration statement, I affirm that I have actual knowledge of the contents of this registration statement and that the information reported herein is valid, accurate, and complete to the best of my knowledge. I acknowledge that this affirmation is being made subject to 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities). I consent to receive service of notices, other official mailings, or process at the address or email listed in this registration statement.

Signature

Date

### Continuation Sheet

<b>LOBBYISTS</b>	
Name	
Permanent Business Address	City
State	Zip Code
Phone Number	Email Address
Name	
Permanent Business Address	City
State	Zip Code
Phone Number	Email Address
Name	
Permanent Business Address	City
State	Zip Code
Phone Number	Email Address

**PRINCIPALS**

Name	
Permanent Business Address	City
State	Zip Code
Phone Number	Email Address



Name	
Permanent Business Address	City
State	Zip Code
Phone Number	Email Address



Name	
Permanent Business Address	City
State	Zip Code
Phone Number	Email Address

Payment Voucher



# Thank You for Registering

**Please print this page and remit it along with your annual Lobbying Registration payment.**

*If you have previously paid your annual Lobbying Registration payment in full there is no need to remit additional payments.*

Please make all checks payable to: **City of Philadelphia**

**Mailing Address:**

City of Philadelphia Board of Ethics  
Attention: PLIS Administration  
One Parkway Building  
1515 Arch Street, 18<sup>th</sup> Floor  
Philadelphia, PA 19102-1504

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<b>PAYMENT VOUCHER</b>			
<b>Lobbying Registration Year</b>	<b>Date</b>	<b>Registration Number (Official Use Only)</b>	
<b>Name of Registrant</b>			
<b>Street Address</b>			
<b>City</b>	<b>State</b>	<b>Zip Code</b>	
<b>Yearly Payment Due: \$100.00</b>		<b>Amount Enclosed</b>	<b>\$</b>
<b>Type of Registration</b>			
<input type="checkbox"/> Principal	<input type="checkbox"/> Lobbyist	<input type="checkbox"/> Lobbying Firm	